2/12/2008 9:56

Filing deadline: Monthly reports due within ten (10) days of the

Ben Ysursa Secretary of State PO Box 83720 Boise, 1D 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

month for activities of the past month.

TO BE FILED WITH:

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FAX: (208)342-3829

Page___of__Page(s)
THIS SPACE FOR OFFICE USE ONLY Rev. 06/2006 LOBBYIST MONTHLY REPORT FORM Page(s) To Be Filed By: State of Idaho LOBBYISTS Ben Ysursa (Sec. 67-6619) Secretary of State 00 FEB 12 AN 10: 05 (Type or print clearly in black ink) See instructions at bottom of page Date prepared Lobbyist's name and permanent business address Josephh D. McCollum, Jr. month ending Hawley Troxell Ennis & Hawley, LLP 02/12/2008 (Day) (Yr.) 877 Main Street, Suite 1000 Boise, ID 83702 2008 01 31 Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Item 3, at hottom of page.) Reimbursed Personal Living and Travel Expenses Persaining to Lobbying Activity Do Not Have to be Reported All Employers Employer No. I Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials Item Names of Legislators, Public and Executive Officials in Group Date Place **Amount** Continued on attached page(s) liem 3 Employer(s) Name(s) and Address(es) INSTRUCTIONS Idaho Hospital Association Who should file this form: Any lobbyist registered under Section P.O. Box 1278, Boise, ID 83701-1278 67-6617 Idaho Code

No. 2

No. 3

No. 4

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Item 4	personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official							olic or Executive Official.	
	Date		Amount	No	Name of Legislator, Public or Executive Official Receiving or Benefiting				
Item S	or fik	nuse Bill,		ion, the number of the Senate legislative activity in which sposing.	Code	LEGISLATIVE SUI		IDENTIFICATION Subject	
Subject			solution or Other	Appropriation Bill Number	01	Agriculture, horticulture,	17	Health service, medicine, drugs	
(from)	table)	Legislati	we Ideni. Number	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal	18 19 20 21 22 23 24 25 26 27 28 29 30	and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products. Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)	
Item 6 dentify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.					CERTIFICATION: Thereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. Total				